

## **ACCESING AYUSHMAN BHARAT - A STUDY ON BENEFICIARY SATISFACTION TOWARDS PMJAY REFERENCE TO COIMBATORE CITY**

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### **ABSTRACT**

Ayushman Bharat is the Pradhan Mantri Jan Arogya Yojana or PM-JAY as it is popularly known. This scheme was launched on 23rd September, 2018 in Ranchi, Jharkhand by the Hon'ble Prime Minister of India, Shri Narendra Modi. There is a slight possibility of inaccurate implementation and the right execution of the plan. Since the scheme protects 40% of the poor, it fails to secure those individuals, who depend on the organized sector with no access to health insurance. Under this scheme, there might be financial costs. Ayushman Bharat fails to recognize and compensate the indirect costs associated with hospitalization, and these are not negligible for the poor. These include expenses on travelling to the hospital and back. Additionally, staying in a hospital or at home, after hospitalization, implies a loss of wages.

**Key Words:** PMJAY, Ayushman Bharat, Hospitalization & Health.

## 1. INTRODUCTION

Ayushman Bharat PM-JAY is the largest health assurance scheme in the world which aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 10.74 crores poor and vulnerable families (approximately 50 crore beneficiaries) that form the bottom 40% of the Indian population. The households included are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. PM-JAY was earlier known as the National Health Protection Scheme (NHPS) before being rechristened. It subsumed the then existing Rastriya Swasthya Bima Yojana (RSBY) which had been launched in 2008. The coverage mentioned under PM-JAY, therefore, also includes families that were covered in RSBY but are not present in the SECC 2011 database. PM-JAY is fully funded by the Government and cost of implementation is shared between the Central and State Governments.

## 2. RESEARCH OBJECTIVES

1. To know the awareness level of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana.
2. To state how the Ayushman Bharat-PMJAY scheme become popular among the public.
3. To find out the main disadvantages of the Ayushman Bharat-PMJAY scheme.

## 3. HYPOTHESIS

A hypothesis is a proposed explanation for a phenomenon. For a hypothesis to be a scientific hypothesis, the scientific method requires that one can test it. The following are the hypothesis founded in this study;

- **Ha1:** There is a significant relationship between age of the respondent & aware about critical diseases covered under Ayushman Bharat scheme
- **Ha2:** There is a significant relationship between gender of the respondent & register for Ayushman Bharat scheme

## 4. REVIEW OF LITERATURE

**Vishnu Priya Sriee GV & Rakesh Maiya (2021)** “Coverage, utilization, and impact of Ayushman Bharat scheme among the rural field practice area of Saveetha Medical College and Hospital, Chennai”. The study

was initiated to estimate the coverage, utilization, and impact of Ayushman Bharat scheme in the rural field practice area of Saveetha Medical College and Hospital, Chennai

**Renu Singh et al. (2020)** “Assessing the Impact of Ayushman Bharat PMJAY on Healthcare Utilization and Expenditure in India”. This study evaluated the impact of the Ayushman Bharat PMJAY scheme on healthcare utilization and expenditure in India. The authors found that the scheme has greatly improved access to healthcare for the poor and marginalized population and has helped reduce out-of-pocket expenses for medical treatment. The authors also found that there is a need for further improvements in the implementation of the scheme to ensure greater equity and accessibility.

**Preeti Chaturveddi & Prabhat Jha (2020)** “The Ayushman Bharat PMJAY scheme: An assessment of healthcare access and utilization in India”. This study analyzed the impact of the Ayushman Bharat PMJAY scheme on healthcare access and utilization in India. The authors found that the scheme has greatly improved access to healthcare for the poor and marginalized population in India. However, there are still gaps in the utilization of the scheme, with low awareness and limited accessibility being major barriers.

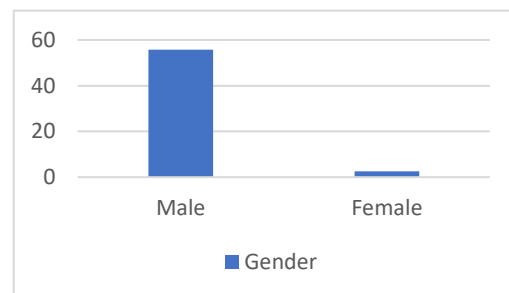
## 5. DATA ANALYSIS & INTERPRETATION

### 5.1 PERCENTAGE ANALYSIS

#### 5.1.1 GENDER OF THE RESPONDENT

S. No.	Gender	No. Of Respondent	Percentage
1	Male	59	55.7
2	Female	47	44.3
Total		106	100

Source: Primary Data



### INTERPRETATION

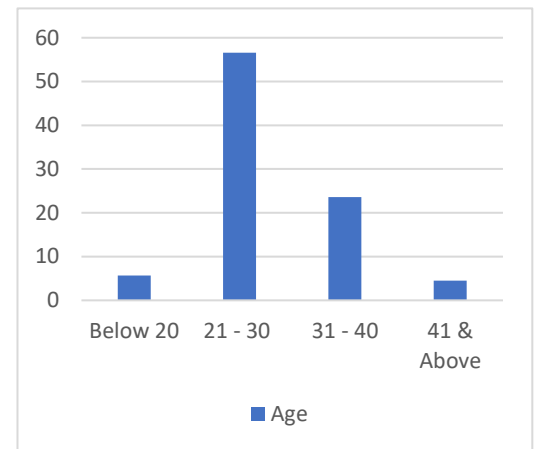
The above table shows that 55.7% of the respondents are male & 44.3% of the respondents are female.

**Majority of the respondents are male.**

### 5.1.2 AGE OF THE RESPONDENT

S. No.	Age	No. Of Respondent	Percentage
1	Below 20	6	5.7
2	21 – 30	60	56.6
3	31 – 40	25	23.6
4	41 & above	15	14.2
Total		106	100

Source: Primary Data



### INTERPRETATION

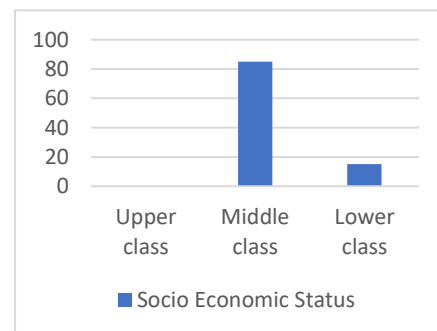
The above table shows that 5.7% of the respondents are below 20, 56.6% are age between 21 – 30, 23.6% are age between 31 – 40 and 14.2% are age between 41& above.

**Majority of the respondents are age between 21 – 30.**

### 5.1.3 SOCIO ECONOMIC STATUS OF RESPONDENTS FAMILY

S. No.	Socio Economic Status	No. Of Respondent	Percentage
1	Upper class	0	0
2	Middle class	90	84.9
3	Lower class	16	15.1
Total		106	100

Source: Primary Data



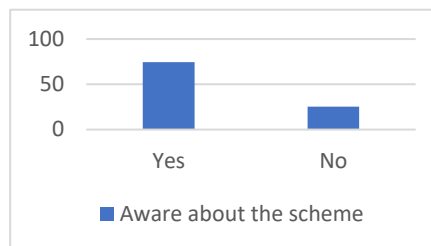
### INTERPRETATION

The above table shows that 84.9% are belonging to middle class & 15.1% are belonging to lower class.

**Majority of the respondents are belonging to middle class.**

#### 5.1.4 AWARE ABOUT AYUSHMAN BHARAT SCHEME

S. No.	Aware	No. Of. Respondent	Percentage
1	Yes	79	74.5
2	No	27	25.5
Total		106	100



Source: Primary Data

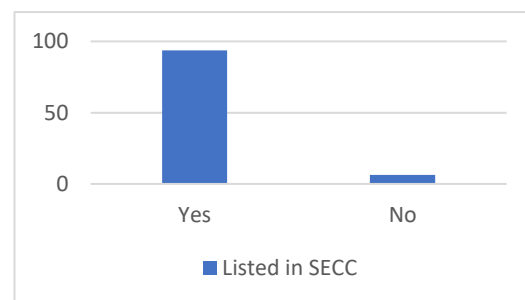
#### INTERPRETATION

The above table shows that 74.5% are aware & 25.5% are not aware about Ayushman Bharat scheme.

Majority of the respondents are aware about Ayushman Bharat scheme.

#### 5.1.5 LISTED IN SECC

S. No.	Listed in SECC	No. Of. Respondent	Percentage
1	Yes	74	93.7
2	No	5	6.3
Total		79	100



Source: Primary Data

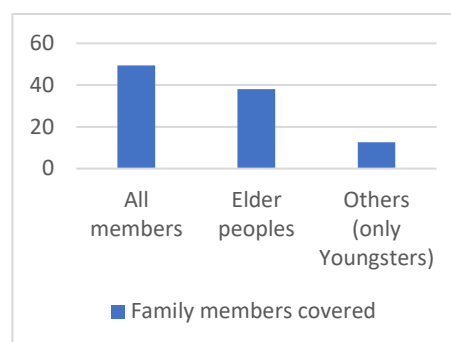
#### INTERPRETATION

The above table shows that 93.7% of respondent's family are listed in SECC & 6.3% of respondent's family are not listed in SECC.

Majority of the respondent's family are listed in SECC.

### 5.1.6 FAMILY MEMBERS COVERED UNDER THE SCHEME

S. No.	Family members covered	No. Of Respondent	Percentage
1	All members	39	49.4
2	Elder peoples	30	38
3	Others (Only Youngsters)	10	12.6
Total		79	100



Source: Primary Data

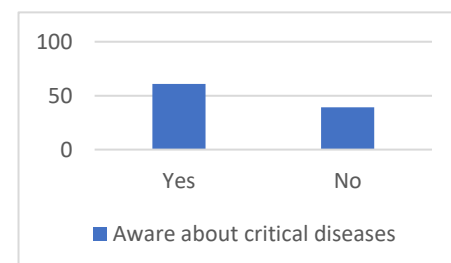
### INTERPRETATION

The above table shows that 49.4% of the respondents covered all members, 38% are covered only elder peoples and 12.6% are covered others in their family.

Majority of the respondents are covered all members in their family.

### 5.1.7 AWARE ABOUT CRITICAL DISEASES COVERED

S. No.	Aware	No. Of. Respondent	Percentage
1	Yes	48	60.8
2	No	31	39.2
Total		79	100



Source: Primary Data

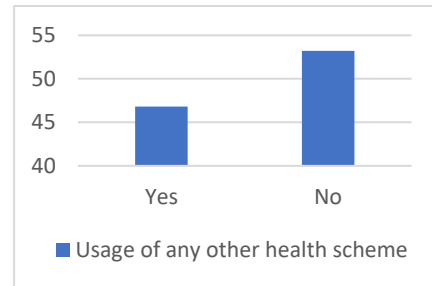
### INTERPRETATION

The above table shows that 60.8% are aware & 39.2% are not aware about critical diseases covered under the scheme.

Majority of the respondents are aware about critical diseases covered.

### 5.1 8 USAGE OF ANY OTHER HEALTH SCHEME

S. No.	Usage of any other health scheme	No. Of. Respondent	Percentage
1	Yes	37	46.8
2	No	42	53.2
Total		79	100



Source: Primary Data

### INTERPRETATION

The above table shows that 46.8% uses other health scheme & 53.2% doesn't use other health scheme.

**Majority of the respondents doesn't use other health scheme.**

### 5.2 RANK ANALYSIS

#### 5.2.1 POPULAR OF THE AYUSHMAN BHARAT SCHEME

The popular of the Ayushman Bharat scheme includes availability in all private hospitals, primary health care services, conducting free camps, free health check-up & through advertisement.

Statistics			
		popular	Rank of popular
N	Valid	79	79
	Missing	0	0

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Rank of popular	79	16.000	78.000	40.0000 0	21.711394
Popular	79	1.00	5.00	2.0127	1.08005
Valid N (listwise)	79				

Popular of Ayushman Bharat scheme					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Available in all private hospitals	31	39.2	39.2	39.2
	Primary health care services	27	34.2	34.2	73.4
	Conducting free camps	13	16.5	16.5	89.9
	Free health check-up	5	6.3	6.3	96.2
	Through advertisement	3	3.8	3.8	100.0
	Total	79	100.0	100.0	

## INTERPRETATION

The above table shows that rank analysis of popular of Ayushman Bharat scheme stated by the respondents. As per the above table percentage, available in all private hospitals ranked 1, primary health care services ranked 2, conducting free camps ranked 3, free health check-up ranked 4 & through advertisement ranked 5.

**Majority of the respondents stated available in all private hospital as popular of Ayushman Bharat scheme.**

### 5.2.2 MAIN DISADVANTAGES OF THE AYUSHMAN BHARAT SCHEME

The main disadvantages of Ayushman Bharat scheme are stated short coverage amount, not available for government employee, no tax benefit, no free health check-up, no coverage for domiciliary treatment.

Statistics			
		Disadvantages	Rank of Disadvantages
N	Valid	79	79
	Missing	0	0



## INTERPRETATION

The above table shows that rank analysis of main disadvantages of Ayushman Bharat scheme stated by the respondents. As per the above table percentages, short coverage amount ranked 1, no tax benefit ranked 2, not available for government employee ranked 3, no free health check-up ranked 4 & no coverage for domiciliary treatment ranked 5.

**Majority of respondents stated short coverage amount as their main disadvantage of Ayushman**

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Disadvantages	79	1.00	5.00	1.9873	1.32524
Rank of Disadvantages	79	23.000	77.000	40.0000	20.646599
Valid N (listwise)	79				

**Bharat Scheme.**

Main Disadvantages of Ayushman Bharat Scheme					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Short coverage amount	45	57.0	57.0	57.0
	Not available for government employee	9	11.4	11.4	68.4
	No tax benefit	11	13.9	13.9	82.3
	No free health check up	9	11.4	11.4	93.7
	No coverage for domiciliary treatment	5	6.3	6.3	100.0
	Total	79	100.0	100.0	

## 5.3 CHI SQUARE TEST

### 5.3.1 AGE OF THE RESPONDENT & AWARE ABOUT CRITICAL DISEASES COVERED UNDER AYUSHMAN BHARAT SCHEME

Case Processing Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Age * Diseases	79	74.5%	27	25.5%	106	100.0%

Age * Diseases Crosstabulation				
Count				
		Diseases		Total
		Yes	No	
Age	21-30	48	12	60
	31-40	0	19	19
Total		48	31	79

Chi-Square Tests					
	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	38.735 <sup>a</sup>	1	<.001		
Continuity Correction <sup>b</sup>	35.453	1	<.001		
Likelihood Ratio	45.782	1	<.001		
Fisher's Exact Test				<.001	<.001
Linear-by-Linear Association	38.245	1	<.001		
N of Valid Cases	79				
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.46.					
b. Computed only for a 2x2 table					

Symmetric Measures			
		Value	Approximate Significance
Nominal by Nominal	Phi	.700	<.001
	Cramer's V	.700	<.001
N of Valid Cases		79	

## INTERPRETATION

**H01:** There is no significant relationship between age of the respondent & aware about critical diseases covered under Ayushman Bharat scheme.

**Ha1:** There is a significant relationship between age of the respondent & aware about critical diseases covered under Ayushman Bharat scheme.

As per the above table, there is a significant relationship between age of the respondent & aware about critical diseases covered under Ayushman Bharat scheme as significant value is 0.001 which is less than 0.05 level of significant. Hence, we accept it as Alternative hypothesis (Ha1).

### 5.3.2 GENDER OF THE RESPONDENT & REGISTER FOR AYUSHMAN BHARAT SCHEME

Case Processing Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Gender * Registration	79	74.5%	27	25.5%	106	100.0%

Gender * Registration Crosstabulation				
Count				
		Registration		Total
		Yes	No	
Gender	Male	59	0	59
	Female	15	5	20
Total		74	5	79

Chi-Square Tests					
	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	15.747 <sup>a</sup>	1	<.001		
Continuity Correction <sup>b</sup>	11.812	1	<.001		
Likelihood Ratio	14.783	1	<.001		
Fisher's Exact Test				<.001	<.001
Linear-by-Linear Association	15.547	1	<.001		
N of Valid Cases	79				
a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.27.					
b. Computed only for a 2x2 table					

Symmetric Measures			
		Value	Approximate Significance
Nominal by Nominal	Phi	.446	<.001
	Cramer's V	.446	<.001
N of Valid Cases		79	

## INTERPRETATION

**HO2:** There is no significant relationship between gender of the respondent & register for Ayushman Bharat scheme.

**Ha2:** There is a significant relationship between gender of the respondent & register for Ayushman Bharat scheme.

As per the above table, there is a significant relationship between gender of the respondent & register for Ayushman Bharat scheme as significant value is 0.001 which is less than 0.05 level of significant. Hence, we accept it as Alternative hypothesis (Ha2).

## 6. FINDINGS

### 6.1 PERCENTAGE ANALYSIS

- Majority of the respondents are male
- Majority of the respondents are age between 21 – 30
- Majority of the respondents are belonging to middle class
- Majority of the respondents are aware about Ayushman Bharat scheme
- Majority of the respondent's family are listed in SECC
- Majority of the respondents are covered all members in their family
- Majority of the respondents are aware about critical diseases covered
- Majority of the respondents doesn't use other health scheme

### 6.2 RANK ANALYSIS

- Majority of the respondents stated available in all private hospital as popular of Ayushman Bharat scheme

- Majority of respondents stated short coverage amount as their main disadvantage of Ayushman Bharat Scheme

### 6.3 CHI-SQUARE TEST

- **Ha1:** There is a significant relationship between age of the respondent & aware about critical diseases covered under Ayushman Bharat scheme
- **Ha2:** There is a significant relationship between gender of the respondent & register for Ayushman Bharat scheme

### 7. SUGGESTIONS

- The coverage amount might fall short when it comes to major treatment procedures or for those with chronic ailments requiring multiple hospitalizations across a year. so the government has to increase the coverage amount
- Only 3 days of pre-hospitalization and 15 days of post-hospitalization costs are covered under the Ayushman Bharat Yojana Scheme. Regarding this the people faces many issues. So increase the hospitalisation and provide home treatment too
- Majority of the respondents are known only through social media. So the government should give more advertisements in social media. If it is taken by the government the scheme will be more popular
- Many of the people are aware about the critical diseases covered. But only 9 critical diseases were covered under this scheme. It should be more benefit to the people if the government increases the number of diseases covered
- Ayushman Bharat scheme is not available in most of the private hospitals. It was the major problem faced by the people. The government should take necessary steps for availability in private hospitals
- The scheme's budget is limited, which may not be sufficient to provide adequate coverage and benefits to all eligible families. If the fund is increased by the government, it will be benefited to all eligible families

## 7. CONCLUSION

Based on the study conducted in Coimbatore City, it can be concluded that Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY) has been successful in providing healthcare access and financial protection to the beneficiaries. The majority of the respondents expressed overall satisfaction with the scheme and appreciated the quality of healthcare services provided under PMJAY. However, there is still room for improvement in terms of awareness and accessibility of the scheme, especially in urban and rural areas. It is recommended that the government should focus on improving the awareness and accessibility of PMJAY in rural areas, and also work towards enhancing the quality of healthcare services.

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